U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
.5724	7 / 20 9 Through: 2 / 57 / 200 4		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Crosing Boyston	Name Chicay Regional Council of Carpenter		
	Labor Organization File Number 001-949		
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, If any		
Street 1124 S. Myrte Ave	Street 12 E, Erie S.F.		
City Kankakee	City Chicago		
State T L ZIP Code + 4 6.040 /	State IL ZIP Code + 4 @06//		
5. Position in labor organization. Bus in ess Representative	Lacyanizec		
	sons set total in the instructions):		
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Date

Telephone Number

Name of Person Filing Crain Bayston		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	ng.		
City State ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held	or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Horwitz, Horwitz + Assesia to Strade Name, if any: P.O. Box, Bldg., Room No., if any Suite 900 Street 25 Cast Weskington 57 City Chicago State IL ZIP Code + 4 60602		Luncheon, 12/04		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	35		
orm LM-30 (2003)				



DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date